

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

SOCIAL WORK SECTION

BEFORE YOU APPLY FOR SOCIAL WORKER TRAINING CERTIFICATE (SWTC)

The purpose of the Social Work Training Certificate is to permit persons with majors in other human services fields to work as social workers while attaining courses and experiences that will qualify them for the basic social worker certificate.

Courses and field placements (internships) completed during the degree program that is being used for the SWTC will be evaluated to determine if they meet training certificate requirements. Four social work courses of three semester credits each, plus a supervised social work internship, a pink application and fee, and taking and passing the national social worker examination and a state jurisprudence examination must be done before receiving the final certification as a basic social worker. The four courses and experience must have been fulfilled by the end of the two year duration of the training certificate including coursework. The training certificate is not renewable, and will end before the two years are over if the applicant fails the national examination.

This may require a substantial commitment of time and resources on the part of yourself and your employer, and success is not guaranteed. It is necessary to hold the SWTC while obtaining the required experience for the SWTC either through employment or internship. There is another avenue to a social work certificate if you do not need to be called a social worker as you train. You can seek a bachelor's or master's degree in social work from a program accredited by the Council on Social Work Education. This will allow you to apply directly for a social work certificate.

Requirements for completion of the SWTC are 4 courses and an internship or employment (please refer to MPSW 3.13).

Courses and internship taken as part of the degree program used for the SWTC may qualify for the SWTC requirements.

It would be wise to look into the availability of courses and supervised experience, before submitting an application for the SWTC, the SWTC will be issued automatically when the following criteria have been met:

1. Application and \$10.00 fee has been received.
2. Verification of an approved degree (upon receipt of transcript, unless you are notified that course descriptions are required.)
3. There are no convictions or pending charges

***Once the SWTC has been issued it cannot be returned unless all requirements have been met or you do not wish to complete the requirements for the SWTC.**

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

SOCIAL WORK SECTION

APPLICATION INFORMATION FOR SOCIAL WORKER TRAINING CERTIFICATE

1. Complete the application form (#2159), including notarized signature.
2. Attach \$10.00 fee to application. Checks or money orders should be made payable to the DEPARTMENT OF REGULATION AND LICENSING. Your canceled check will be your receipt.
3. In addition to the application form and fee, the following supporting documents must be forwarded to the Social Worker Section:
 - a. Certified transcript(s) of all professional education leading to your bachelor's degree with a human services major from an accredited program. Must be sent directly to the Section from the institution.
 - b. If your major is other than sociology, criminal justice or psychology, submit a course catalog description of your human services major program, with descriptions of all required courses. Also submit a school record of your gpa in your major.
 - c. College catalog course descriptions and instructor's course syllabus or outline for any course work you list under #8 on the application.
 - d. For any supervised social work internship/employment completed during your degree program, list name and qualification of your supervisor(s) under #9 on the application. The Supervisor's Affidavit (Form #2266) and position description (plus other documents if internship) must be submitted directly to the Section by the supervising social worker.
 - e. If you have ever held a credential as a social worker in another state or government jurisdiction, the Verification of Credential (Form #1971) must be submitted by the appropriate state(s)/jurisdiction(s).
 - f. If you have been convicted of a crime, or criminal charges are pending against you, Form 2264 must be submitted.
4. Upon completion of any additional coursework and training required by Ch. 457.09(4), Stats. (see enclosed), the following supporting documents must be forwarded to the board office:
 - a. An official transcript and college catalog course descriptions and instructor's course syllabus or outline documenting completion of additional coursework required.
 - b. The Supervisor's Affidavit (Form #2266) and position description (plus other documents, if internship) documenting completion of supervised training or employment.
5. Upon approval of the coursework and training required by Ch. 457.09(4), Stats., the holder of a training certificate must complete both a national and jurisprudence examination to be eligible for a social worker certificate. Information regarding the examination will be sent upon receipt of supporting documents listed in number 4 above.
6. The social worker training certificate is valid for 24 months or until the certificate holder's successful completion of the course work and experience requirement. The state open book exam (jurisprudence) and the national exam may be taken while completing the SWTC requirements. If the certificate holder fails the national exam the SWTC must be returned to the Department of Regulation and Licensing and experience requirement could not be completed.
7. The training certificate cannot be returned or renewed.
8. When applying for the basic level credential, a pink completed social worker application and fee must be submitted along with a completed state law exam (jurisprudence).

Please have all documents addressed to: SOCIAL WORKER SECTION, DEPARTMENT OF REGULATION AND LICENSING, PO BOX 8935, MADISON, WI 53708-8935.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-0644
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

WISCONSIN DEPARTMENT OF REGULATION AND LICENSING

SOCIAL WORK SECTION

SOCIAL WORK TRAINING CERTIFICATE

SELF-HELP GUIDE FOR EDUCATION

The following may be helpful in self-evaluation, but the only sure way to determine eligibility for a social work training certificate, and the individual courses and experience that may be required, is to submit an application and transcripts of education, along with \$10.00, to the Department of Regulation and Licensing for review. Allow 6 to 8 weeks. Applications can be obtained by calling 608-266-0145. The Department cannot give informal assessments over the phone.

1. What degrees will qualify me for a social work training certificate?

- A bachelors degree in psychology, sociology or criminal justice; or another human service program approved by the Social Work Section will qualify.
- A bachelor's degree in another human services major may qualify, but must be reviewed by the Social Work Section. A masters degree in a human services area may qualify, but must be reviewed.

2. Is my major a human services major?

- Any other human services majors must focus predominantly on coursework related to providing services to individuals with difficulties in psychological and social functioning.
- Human services coursework must include content such as psychology, sociology, crisis intervention, therapeutic interviewing, counseling techniques, child or adolescent welfare, clinical placements and field practicums in social service agencies.
- There must be a course with significant content in professional ethics and values in the helping professions, and a senior seminar or capstone course that pulls together the themes of the helping professions.
- A grade point average of 2.5 or greater in the major is required.

3. What courses will I need to take?

- To count toward the requirements, courses must be taken for academic credit, not job training or seminars. Correspondence courses and independent study courses must be reviewed by the Social Work Section and are rarely accepted, as they don't include needed discussion and practice.
- Four courses are required. Courses may be completed in previous education, or after applying for the certificate.

Requirements:

- Schools usually know whether their courses have been approved as meeting the training certificate requirements.
- For self-evaluation, look for the following. Course descriptions or syllabi must be submitted for official determination in ambiguous cases.

Social Welfare Policy and Services: One 3 credit course with predominant focus on social welfare policy analysis. These courses are usually called "Social Welfare Policy", or a similar title.

Social Work Practice Methods: Two 3 credit courses, usually called "Social Work Practice I and II," or similar title. One course usually focuses on practice methods with individuals, the second course usually focuses on practice methods with groups, communities and organizations. Courses in counseling methods that include interviewing may be accepted as meeting the first Methods course requirement, but not both requirements. Research methods and theory courses do not count.

Human Behavior and the Social Environment: One 3 credit course, can be called "Human Behavior and the Social Environment", but can also be Human Growth and Development through the Lifespan, Developmental Psychology, or a combination of 3 or more separate courses that cover 3 different phases of the life span.

**APPROVED NON-BSW COURSES FOR SOCIAL WORK TRAINING CERTIFICATE
DECEMBER 2002**

School		Courses	Required	Approval
Cardinal Stritch	Ps 202 Ps 220 Ps 223 SC 210 Sc 210 Sc 211 Sc 212	Lifespan Human Development, or all 3 of following: Child Psychology, & Adolescent Psychology, & Psychology of Adulthood and Aging Social Welfare Policy and Social Welfare Social Work Practice Methods I Social Work Practice Methods II	HBSE HBSE Policy Methods I Methods II	1997-1998 & 1998-1999
Edgewood College	Psy 345 HS 302 HS 300 HS 301 HS 303 HS 304	Lifespan Development Social Welfare Policy Methods of Human Services I Methods of Human Services II Advanced Social Change Skills Group Methods for Human Services	HBSE Policy Methods I Methods II Methods II Methods II	Fall 1998-1999, May 2003 Aug. 2003 Aug. 2003 Aug. 2003 Aug. 2003
Silver Lake College	Soc 201 Soc 202 Soc 203	Social Welfare Policy & Services Social Work Methods I Social Work Methods II	Policy Methods I Methods II	Feb. 2003 Nov. 2003 Nov. 2003
UW – Platteville	CJ 463 Psy 493/693 Psy 495	Social Welfare Policy Techniques of Counseling & Psychotherapy Work with Groups and Organizations	Policy Methods I Methods II	1997-1998 Fall 97; 98-99 1 yr 2000-01
UW – Stevens Point	Soc 376 Soc 262 Soc 361 Soc 362	Human Behavior in the Social Environment Social Welfare Policies and Programs Social Work Methods – Casework & Groupwork Social Work Methods – Community Organization	HBSE Policy Methods I Methods II	1997-1998, 1998-1999, May 2003 Feb. 2000, May 2003 Spring, 1999, May 2003 1998-1999, May 2003
UW – Stout	SocWrk 205 SocWrk 430 SocWrk 440	Introduction to Social Work and Social Welfare PolicySocial Casework Social Work with Groups & Communities	Policy Methods I Methods II	Nov., 2002 Nov., 2002 Nov., 2002
Upper Iowa	Psy/Soc 283 Psy/Soc 384 Psy/Soc 276 Psy/Soc 277	Human Behavior in the Social Environment Social Welfare Programs and Policies Methods in Human Services I Methods in Human Services II	HBSE Policy Methods I Methods II	06/03 ITV 06/03 ITV Oct. 2003 Oct. 2003
Viterbo College (no longer available, 2002)	SoWk 355 SoWk 305 SoWk 450 SoWk 451	Human Behavior and the Social Environment Social Welfare Policies and Programs Social Work Practice I Social Work Practice II	HBSE Policy Methods I Methods II	Sp 97; 1998, Sp 99 Fall 97 only; 98-9 1997-98, 98-99 Sp 98, 99

BSW/MSW COURSES OPEN TO CERTIFICATE HOLDERS AND MEETING REQUIREMENTS
(These courses typically have prerequisites and limited seats available.)

Institution	Course Number	Course Title	Requirement Met
Mount Mary	330 455	Human Behavior and Social Environment Social Policy and Generalist Practice	HBSE Policy
UW - Eau Claire	383	Social Welfare Policies and Programs	Policy
UW – Green Bay	371 430	Human Behavior and the Social Environment Social Policy Analysis	HBSE Policy
UW – Madison	206	Introduction to Social Policy	Policy
UW – Milwaukee	896/250 896/705 896/206 896/708 896/709	Human Behavior in the Social Environment, or Individual Behavior and Social Welfare Society, Poverty, and Welfare Programs Social Work Methodology I Social Work Methodology II	HBSE HBSE Policy Methods I Methods II
UW – River Falls	215 350	Human Behavior in the Social Environment Social Welfare Policy	HBSE Policy
UW – Superior	344 327	Human Behavior and the Social Environment I Social Welfare Policy and Services	HSE Policy
UW – Whitewater	511 662	Human Behavior and the Social Environment I Social Welfare Policy	HBSE Policy

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

APPLICATION FOR SOCIAL WORKER TRAINING CERTIFICATE

If you wish to use the title of "social worker" and are not eligible for the Social Worker Certificate because you do not have a degree in social work from a program accredited by, or a preaccreditation program of the council on social work education, you may complete this application for a Social Worker Training Certificate.

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.

☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) ____ - ____
--	--

Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

Post Secondary Education (schools, locations, degrees and dates of graduation)

You must have at least a bachelor's degree from an accredited college or university in psychology, sociology, criminal justice or another human service program approved by the Section.

SCHOOL	LOCATION	DEGREE and MAJOR	DATE OF GRADUATION

APPLICATION FEES: Make check payable to Department of Regulation and Licensing.

_____ \$ 10.00 Fee

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

Social Work Degree Equivalency Course Work See the Self-Help Guide attached to the application and the list of approved courses. If you have already completed courses that may satisfy the requirements, list them below.

If the course does not appear on the approved list, please attach college catalog course descriptions and instructor's course syllabus or outlines for courses listed. Request your college or university to submit an official transcript of all courses directly to the Social Worker Section.

Content Area	Date	Course Code	Course Title	Credit Hrs.
Social Welfare Policy/Services (1 course 3 sem cr; 4 qtr cr)				
Social Work Practice Methods (2 courses 3 sem cr; 4 qtr cr)				
Human Behavior in Social Environment (1 course 3 sem cr; 4 qtr cr)				

The Section will review your transcript and course descriptions and you will be notified of what further coursework, if any, you must complete.

Human Services Internship or Social Work Employment A supervised human services internship **or** one year of supervised social work employment is required. Internships or employment already completed may be applied toward completion of the social work practice requirements. The internship/employment must have resulted in certain competencies, and must have been supervised by a social worker with a bachelor's or master's degree in social work and state certification, if after August 1, 1995. See the Supervisor's Affidavit, attached to this application, for further details.

If you have completed an internship or employment experience that may be applicable, please list below and request the supervising social worker to submit the Supervisor's Affidavit and a job description, including duties, directly to the Social Worker Section.

Place of Employment/Internship	Location	Dates (from-to)	Hrs./Wk.	Position Title	Supervisor
Employment ____ Internship ____					Name: Certificate # ____ Type ____ Degree: ____ BSW or ____ MSW
Employment ____ Internship ____					Name: Certificate # ____ Type ____ Degree: ____ BSW or ____ MSW

-OR-

☐ I have not yet had supervised social work experience that would satisfy training certificate requirements.

The Section will review your experience and you will be notified of what further supervised practice you must complete, if any.

Wisconsin Department of Regulation & Licensing

10. Mark an X in the appropriate box. If you answer YES to any question, give an explanation of all details on an attached sheet. A “YES” answer does not preclude certification. *Please print your name and birth date at the top of each attached sheet.*

	YES	NO
1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed to pass any state board examination or national board examination? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have your staff privileges ever been limited or removed? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	<input type="checkbox"/>	<input type="checkbox"/>

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice social work" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate social worker judgments and to learn and keep abreast of developments in the field of social work; and
2. The ability to communicate those judgments and social worker information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform social worker tasks, with or without the use of aids or devices, such as corrective lenses or hearing aids.

Wisconsin Department of Regulation & Licensing

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 12. Do you have a medical condition which in any way impairs or limits your ability to practice social work with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does your use of chemical substance(s) in any way impair or limit your ability to practice social work with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are you currently engaged in the illegal use of controlled dangerous substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

Wisconsin Department of Regulation & Licensing

Desired Effective Date of Training Certificate:

A training certificate may be granted immediately to individuals with bachelor's degrees in approved human services majors, who do not have convictions or pending criminal charges, upon receipt of a complete application. However, evaluation of social work equivalency of coursework and practice, and determination of training requirements to be completed, must be approved by the Social Work Section, which meets approximately monthly. If a training certificate is granted immediately upon qualification, certificate holders can expect delays in notification of training requirements. These delays will not extend the non-renewable term of the certificate, which is 24 months. Unless the certificate is needed to begin immediate employment, it may be desirable to elect an effective date that begins when training requirements have been determined. This permits the maximum amount of time to attain the requirements. Please indicate your preference below.

_____ I wish to receive the training certificate as soon as I am found qualified.

_____ I wish to receive the training certificate as soon as the Section has determined my training requirements.

_____ Notify me of my training requirements, but do not issue the training certificate until further notice from me. (If you do not contact us within six months, the application will be considered abandoned, and destroyed. You must reapply as a new applicant if you wish to pursue it in the future.)

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for denial of this application or revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Examining Board of Social Workers, Marriage and Family Therapists, and Professional Counselors or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

Further, as an applicant for a social worker training certificate, I hereby declare and agree that, if a social worker training certificate is issued to me by the Social Worker Section, I shall seek to attain social work degree equivalency pursuant to the terms and requirements of sec. 457.09, Stats., and sec. MPSW 3.13, Wis. Adm. Code, by completing all coursework, supervised human services internship or supervised social work employment as directed by the Social Worker Section under the terms of sec. 457.09, Stats., and sec. MPSW 3.13, Wis. Adm. Code.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 20 _____

Signature of Notary Public

SEAL

Date Commission Expires

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name
------------	----------------	-----------

Profession

Date of Birth

month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD

SOCIAL WORK SECTION

VERIFICATION OF CREDENTIAL - RECIPROCITY

Complete only if you are credentialed in a state other than Wisconsin

Please check credential type: ☐ Social Worker ☐ Marriage and Family Therapy Training Cert.
☐ Social Worker Training Certificate ☐ Professional Counselor
☐ Marriage and Family Therapist ☐ Professional Counselor Training Certificate

The top portion of this form (numbers 1, 2, 3, 4, 5, and 6) must be completed by the applicant before forwarding to the jurisdiction where previously credentialed.

1. Name	2. Previous Name(s)	
3. Address (number, street, city, state, zip code)		
4. Date of Birth (month, day, year)	5. Credential Number	6. Date Credential Issued

I authorize the requested information to be furnished to the Wisconsin Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board.

Signature

Date

APPLICANT: DO NOT WRITE BELOW THIS LINE – To be completed by a state other than Wisconsin

The lower portion of this form, beginning with number 7, must be completed by the state where you are credentialed (certified, registered, licensed) and returned directly to the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board, at the above address before your application can be considered for certification.

7. Profession Credentialed (Please include level of credential.)	8. Date Originally Credentialed and level of credential
9. Credential was Issued by: ____ Examination ____ Waiver ____ Endorsement/Reciprocity ____ Grandfathered	10. Credential is: ____ Active (Date Expires _____) ____ Inactive
11. Has This Credential Ever Been Revoked, Suspended, Surrendered, Restricted, Limited, Placed on Probation? ____ Yes ____ No If yes, explain on reverse side.	
12. If The Applicant Was Credentialed by Examination, Which Exam?	
13. Name of Education Program Completed	14. Name of School
15. Location of School	16. Year of Graduation

SEAL/STAMP

Signature: _____
Title: _____
State: _____
Date: _____

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

SUPERVISOR'S AFFIDAVIT SOCIAL WORK INTERNSHIP / EMPLOYMENT

1. This affidavit is to be completed by the applicant's supervising social worker, who must have a BSW or MSW degree and State of Wisconsin social work certification. (Wisconsin certification not required prior to August 1, 1995.)
2. This affidavit must be accompanied by an official description of the duties performed by the applicant during the time period indicated. The position must provide experience in direct practice with clients in all areas described below, and this practice must comprise a predominant part of the experience. The position must give the applicant direct responsibility for the areas listed on the affidavit, and not be one of assisting, observing others perform, or being primarily the manager of others who perform
3. If the experience is an internship, this affidavit must be accompanied also by documentation by the sponsor of pre-determined educational goals, if begun after January 1, 1998, and documentation of the student evaluation.
4. The supervisor must send the affidavit with position description and internship documents, if applicable, directly to Social Work Section, Wisconsin Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Applicant's Name:	
Dates of Internship/Employment:	From: _____ To: _____
Hours/Week:	
Status:	Internship _____ Employment _____
Position/Title:	
Agency:	
Location:	
Supervising Social Worker:	Name: _____
	Degree: _____ BSW _____ MSW _____
	Certificate # _____ Type: _____

Wisconsin Department of Regulation & Licensing

SUPERVISOR'S AFFIDAVIT SOCIAL WORK INTERNSHIP/EMPLOYMENT

I certify that I provided direct, on-site supervision of the above-named applicant in a human services internship or employment which involved direct practice with clients, and which provided training and experience in all of the areas listed below.

- a. Evaluation and assessment of difficulties in psychosocial functioning of a group or another individual.
- b. Developing plans or policies to alleviate those difficulties, and either carrying out the plan or referring individuals to other qualified resources for assistance.
- c. Intervention planning, which may include psychosocial evaluation and counseling of individuals, families and groups; advocacy; referral to community resources, and facilitation of organizational change to meet social needs, based on evaluation and assessment described in (a) above .
- d. Knowledge of other disciplines relevant to the evaluation of clients, plans and policies to alleviate client difficulties, and intervention planning.
- e. The ability to intervene effectively on behalf of diverse populations and populations most vulnerable and discriminated against, including development of cultural competence, provision of culturally competent services, and ability to collaborate with others to develop services.
- f. Application of professional ethics and standards in the delivery of social work services to clients.

I certify that the applicant demonstrated competency in all of the areas listed.

I certify that I met with the applicant in a face-to-face individual session at least one hour each week for one year of employment, or for the duration of the internship, to direct this social work practice. I further certify that I complied with MPSW 4.01(1)(a) and (3). See attached.

If the position was employment, rather than internship, I certify that the applicant's experience involved at least 400 hours of face-to-face client contact in not less than 12 months.

Signature of Supervising Social Worker: _____

Date: _____

Subscribed and sworn to before me

this _____ day of _____, 20____ .

SEAL

My Commission expires _____ .

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

OPTIONAL ADVANCE PLAN SOCIAL WORK INTERNSHIP / EMPLOYMENT

This form is required only if advance review of internship or experience is desired.

1. This PLAN is to be completed by the applicant's supervising social worker, who must have a BSW or MSW degree and State of Wisconsin social work certification.
2. This PLAN must be accompanied by an official description of the duties to be performed by the applicant during the time period indicated. The position must provide experience in direct practice with clients in all areas described below, and this practice must comprise a predominant part of the experience. The position must give the applicant direct responsibility for the areas listed on the affidavit, and not be one of assisting, observing others perform, or being primarily the manager of others who perform
3. If the experience is an internship, this affidavit must be accompanied also by documentation by the sponsor of pre-determined educational goals. Documentation of the student evaluation will be required upon completion.
4. The supervisor must send the PLAN with position description and internship documents, if applicable, directly to Social Work Section, Wisconsin Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Applicant's Name:	
Dates of Internship/Employment:	From: _____ To: _____
Hours per week:	
Status:	Internship _____ Employment _____
Position/Title:	
Agency:	
Location:	
Supervising Social Worker:	Name: _____
	Degree: _____ BSW _____ MSW _____
	Certificate # _____ Type: _____

Wisconsin Department of Regulation & Licensing

ADVANCE PLAN SOCIAL WORK INTERNSHIP/EMPLOYMENT

I certify that I will provide direct, on-site supervision of the above-named applicant in a human services internship or employment which involves direct practice with clients, and which provides training and experience in all of the areas listed below.

- a. Evaluation and assessment of difficulties in psychosocial functioning of a group or another individual.
- b. Developing plans or policies to alleviate those difficulties, and either carrying out the plan or referring individuals to other qualified resources for assistance.
- c. Intervention planning, which may include psychosocial evaluation and counseling of individuals, families and groups; advocacy; referral to community resources, and facilitation of organizational change to meet social needs, based on evaluation and assessment described in (a) above .
- d. Knowledge of other disciplines relevant to the evaluation of clients, plans and policies to alleviate client difficulties, and intervention planning.
- e. The ability to intervene effectively on behalf of diverse populations and populations most vulnerable and discriminated against, including development of cultural competence, provision of culturally competent services, and ability to collaborate with others to develop services.
- f. Application of professional ethics and standards in the delivery of social work services to clients.

I certify that the applicant will be required to demonstrate competency in all of the areas listed in order to successfully complete this experience.

I certify that I will meet with the applicant in a face-to-face individual session at least one hour each week for one year of employment, or for the duration of the internship, to direct this social work practice. I further certify that I will comply with SFC 4.01(1)(a) and (3). See attached.

If the position is employment, rather than internship, I certify that the applicant's experience will involve at least 400 hours of face-to-face client contact in not less than 12 months.

Signature of Supervising Social Worker: _____ Date: _____

Title of Position Held by Supervising
Social Worker in Training Certificate
Holder's Organization

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

____ month ____ day ____ year

Social Security Number

Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records.

Sex: ☐ M
☐ F

Ethnic: ☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin
☐ Hispanic

☐ American Indian or Alaskan
☐ Asian or Pacific Islander
☐ Other

- List all other names used: _____
- List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? **YES** **NO** **MO/YR COMPLETED**
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: ☐ Probation **YES** **NO** **MO/YR COMPLETED**
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

PENDING CHARGE **DATE OF ARREST** **LOCATION OF ARREST (city/state)**

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

Date

Signed and sworn before me this _____ day of _____, 20 _____.

Signature of Notary Public

Date

My commission (is permanent) _____ expires _____.

SEAL

Wisconsin Department of Regulation & Licensing

P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 3/04) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

WISCONSIN STATUTES AND ADMINISTRATIVE CODE ORDER FORM

For assistance with the open book exam (if required) or for your information, you may access the Wisconsin Statutes and Administrative Code on the department's web site at <http://drl.wi.gov>. If you do not have internet access, you may obtain this information through the public library.

If you would prefer to have a printed copy of any code book, you may purchase one directly from the department. Please submit this form along with a check in the amount of \$5.28 per book made payable to the Department of Regulation and Licensing (DRL) to the address listed above.

Mark which profession(s) you are requesting below:

- | | |
|--|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Optometry Examining Board |
| <input type="checkbox"/> Athletic Trainers | <input type="checkbox"/> Pharmacy Examining Board |
| <input type="checkbox"/> Chiropractic Examining Board | <input type="checkbox"/> Physical Therapists Affiliated Credentialing Board |
| <input type="checkbox"/> Dentistry Examining Board | <input type="checkbox"/> Psychology Examining Board |
| <input type="checkbox"/> Dietitians Affiliated Credentialing Board | <input type="checkbox"/> Social Workers, Marriage and Family Therapists, |
| <input type="checkbox"/> Hearing and Speech Examining Board | <input type="checkbox"/> Professional Counselors |
| <input type="checkbox"/> Medical Examining Board | <input type="checkbox"/> Veterinary Examining Board |
| <input type="checkbox"/> Board of Nursing | <input type="checkbox"/> Podiatrist Affiliated Credentialing Board |
| <input type="checkbox"/> Music Art & Dance | <input type="checkbox"/> Massage Therapist & Body Workers |
| <input type="checkbox"/> Occupational Therapy/Occupational Therapy Assistant | |
| <input type="checkbox"/> # OF BOOKS REQUESTED x \$5.28 each = <input type="checkbox"/> TOTAL AMOUNT ENCLOSED | |

Make your check payable to the Department of Regulation & Licensing (DRL) and return with this form to the address shown above.

NAME _____

COMPANY/ORGANIZATION _____

STREET ADDRESS/PO BOX _____

CITY/COUNTY _____

STATE _____

ZIP _____

For Receipting Use Only

#2638 (8/04)
Ch. 440, Stats.

Committed to Equal Opportunity in Employment and Licensing

